

1 PLACE OF DEATH

County Ray  
Township Grape Grove  
or  
Village  
or  
City

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH  
Registration District No. 914 File No. 02848  
Primary Registration District No. 6235 Registered No. 28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Oliver Petley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
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6 DATE OF BIRTH March 19  
(Month) 1864 (Day) Year

7 AGE 54 yrs. 9 mos. 18 ds.  
If LESS than  
1 day.....hrs.  
or.....min.?

8 OCCUPATION  
(a) Trade, profession, or  
particular kind of work Farmer  
(b) General nature of industry  
business, or establishment in  
which employed (or employer) General

9 BIRTHPLACE  
(City or town,  
State or foreign country) Ray Co. Mo.

10 NAME OF  
FATHER John Henry Petley

11 BIRTHPLACE  
OF FATHER Kentucky  
(City or town, State or foreign country)

12 MAIDEN NAME  
OF MOTHER Magdalene Melvin Haney

13 BIRTHPLACE  
OF MOTHER Penn.  
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. C. Petley  
(Address) Newtown, Mo.

15 Filed Jan 23 1919 W. E. Gant  
Registrar

16 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 7th  
(Month) 1919 (Day) Year

17 I HEREBY CERTIFY, that I attended deceased from Dec. 7, 1918, to Jan. 7, 1919,  
that I last saw him alive on Jan. 7, 1919,  
and that death occurred, on the date stated above, at 10:25 P.M.

The CAUSE OF DEATH\* was as follows:

acute Nephritis  
11/13  
12/13  
10

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Cowgill, Mo. DATE OF BURIAL Jan 9th, 1919

20 UNDERTAKER C. A. Reed ADDRESS Cowgill, Mo.

\*State the Disease Causing Death, or, in death from Violent Causes, state  
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

# Revised United States Standard Certificate of Death

Approved by U. S. Census and American Public Health Association.

**STATEMENT OF OCCUPATION**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: "Farmer (retired, 6 yrs.)" For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

NAME	MATERIAL	PARENTS	MARRIAGE	DEATH PLACE	CAUSE OF DEATH	AGE	SEX	MATERIAL
Given	Color	NAME OF MOTHER	NAME OF FATHER	PLACE OF DEATH	DISEASE	AGE	SEX	NAME
On	COL	OF MOTHER	OF FATHER	OF DEATH	OF DISEASE	OF AGE	OF SEX	ON
Day	COL	NAME OF MOTHER	NAME OF FATHER	DAY	NAME	DAY	SEX	DAY
Month	COL	NAME OF MOTHER	NAME OF FATHER	MONTH	NAME	MONTH	SEX	MONTH
Year	COL	NAME OF MOTHER	NAME OF FATHER	YEAR	NAME	YEAR	SEX	YEAR
STATEMENT OF DEATH AND OCCUPATION			DISEASE			MATERIAL		
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